

ATTORNEY DOCKET NO. A-6979
ELECTRONIC FILING
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
Louise Mary Wasilewski)	Art Unit: 2623
)	
Application No. 09/801,958)	Examiner: Bui, Kieu Oanh T
)	
Filing Date: March 8, 2001)	Confirmation No. 8732
)	
For: APPARATUS FOR A CONSUMER)	
CONTROLLED SELECTIVE)	
RECORDING DEVICE FOR)	
INTERACTIVE TELEVISION)	

RESPONSE TO OFFICE ACTION


Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number 05642

Sir:

Transmitted herewith is/are the following in the above-identified application:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Response to Office Action
<input type="checkbox"/> Fee as calculated below
<input type="checkbox"/> No Additional Fee Required
<input type="checkbox"/> Corrected Drawings | <input type="checkbox"/> Petition For Extension of Time
<input type="checkbox"/> Supplemental Declaration
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Other _____ |
|---|--|

CLAIMS AS AMENDED								
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE	
Total Claims	17		38		0	X \$50.00		\$
Independent Claims	3		3		0	X \$210.00		\$
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim						+ \$370.00		\$
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$460 <input type="checkbox"/>	3 rd Month \$1050 <input type="checkbox"/>	4 th Month \$1640 <input type="checkbox"/>	5 th Month \$2230 <input type="checkbox"/>		\$	
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -								- \$
TOTAL FEE DUE								\$

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Payment by credit card in the amount of \$_____ for the fees designated above is submitted via enclosed Form PTO-2038.
- ☐ Payment by credit card in the amount of \$_____ for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

/Charley F. Brown #52,658/
Charley F. Brown
Registration No. 52,658

Customer Number 05642